



REPORT OF RECEIPTS AND DISBURSEMENTS

2010 Non-Judicial Election

Name of Candidate Michael GuestAddress 200 Pearl Street, Brandon, Ms 39042Telephone (601) 825-1472 Fax (601) 825-9605Contact Name _____ Email guestlaw@charlottesville.netOffice Sought District Attorney (Madison/Rankin) Political Party Republican☐ Check here if above is different from previous reportTYPE OF REPORT

- ____ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
- ____ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
- ____ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
- ____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- ✓ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees

____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions \$	17,850 +\$ 2,800	\$ 20,650.00	\$
Total amount of disbursements \$	5339 +\$ 265	\$ 5,604.00	\$
Total amount of cash on hand		\$ 27,843.01	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Candidate Michael GuestDate 1/20/11

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Michael QuestReporting period Jan 1, 2010 through December 31, 2010

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Dick's Sporting Goods</u>	<u>4/26/10</u>	\$ <u>321.00</u>
Mailing Address		
<u>720 Mackenzie Lane</u>	<u>4/26/10</u>	\$
City, State, Zip Code		
<u>Flowood, Ms 39232</u>	<u>4/26/10</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Bay Pointe Country Club</u>	<u>5/3/10</u>	\$ <u>4,738.00</u>
Mailing Address		
<u>800 Bay Pointe Drive</u>	<u>5/3/10</u>	\$
City, State, Zip Code		
<u>Brandon, Ms 39047</u>	<u>5/3/10</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Barbour International</u>	<u>4/30/10</u>	\$ <u>280.00</u>
Mailing Address		
<u>101 Cypress Way</u>	<u>4/30/10</u>	\$
City, State, Zip Code		
<u>Brandon, Ms 3904</u>	<u>4/30/10</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
		\$
City, State, Zip Code		
		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
		\$
City, State, Zip Code		
		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		
		\$
City, State, Zip Code		
		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Name of Candidate or Committee Michael RuestPage 1 of 9Reporting period Jan 1, 2010 through Dec 31, 2010

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Stribling Equipment, LLC</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u>500</u>
Mailing Address	<u>P.O. Box 6038</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u>Jackson, MS 39208</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Community Bank</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u>400</u>
Mailing Address	<u>P.O. Box 59</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u>Forrest, MS 39074</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Sonny's Real Pit Bar-B-Q</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u>500</u>
Mailing Address	<u>416 Dogwood Place</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u>Flowood, MS 39232</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>The Tractor Store, Inc.</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u>500</u>
Mailing Address	<u>835 Highway 49 South</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u>Richland, MS 39218</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee Michael RustReporting period Jan 1, 2010 through Dec 31, 2010

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>William Andy Sumrell, Law Office</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u>400</u>
Mailing Address	<u>P.O. Box 1068</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u>Jackson, MS 39215</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Fred Harrell Realty</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u>500</u>
Mailing Address	<u>306 East Government Street</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u>Brandon, MS 39042</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Brandon Decourt Day</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u>400</u>
Mailing Address	<u>200 Timberline Street</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u>Brandon, MS 39042</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Allens Food Store, Inc.</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u>400</u>
Mailing Address	<u>766 Highway 468</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u>Brandon, MS 39042</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee Michael P. ForestReporting period Jan 1, 2010 through Dec 31, 2010

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Merriado P. Corwell, PC</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u>400</u>
Mailing Address <u>500 N. State Street</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, Ms 39201</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Kelly Low Office, PC</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u>500</u>
Mailing Address <u>P.O. Box 1975</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Brandon, Ms 39043</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Coleman & Parrish, PLLC</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u>500</u>
Mailing Address <u>1234 Fortification Street</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, Ms 39202</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Kirksey & Associates, Attorneys at Law</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u>400</u>
Mailing Address <u>P.O. Box 33</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, Ms 39205</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee Michael RuestReporting period Jan 1, 2010 through Dec 31, 2010

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Barnett Law Firm</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u>400</u>
Mailing Address	<u>501 South State Street</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u>Jackson, Ms 39201</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>John M. Colette & Associates, PA</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u>500</u>
Mailing Address	<u>P.O. Box 861</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u>Jackson, Ms 39205</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Harry Rosenthal, Attorney at Law</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u>250</u>
Mailing Address	<u>834 West Capitol Street</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u>Jackson, Ms 39203</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name	<u>Dennis C. Sweet III, PA</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u>1500</u>
Mailing Address	<u>158 East Pascagoula Street</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code	<u>Jackson, Ms 39201</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee Michael WestReporting period Jan 1, 2010 through Dec 31, 2010

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Euton Construction Company</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u>500</u>
Mailing Address <u>P.O. Box 36</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Aberdeen, Ms 39730</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Cynthia H. Speckgens, PA</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u>500</u>
Mailing Address <u>2088 Main Street, Ste. A</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Madison, Ms 39110</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>B+W Enterprises</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u>500</u>
Mailing Address <u>P.O. Box 1000</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Pelohatchie, Ms 39145</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Sandow & Associates, LLC</u>	<u> </u> / <u> </u> / <u> </u>	\$ <u>400</u>
Mailing Address <u>P.O. Box 1393</u>	<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Starkville, Ms 39760</u>	<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)	<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)	Aggregate year-to-date	\$

Name of Candidate or Committee Michael HuestReporting period Jan 1, 2010 through Dec 31, 2010

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Wleems Accounting, LLC</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u>400</u>
Mailing Address <u>P.O. Box 511</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Canton, MS 39046</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Library & Media Supply</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u>400</u>
Mailing Address <u>P.O. Box 108</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Brandon, MS 39043</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Frontier Strategies, LLC</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u>1000</u>
Mailing Address <u>P.O. Box 13292</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39236</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Tommy R. Savant, Attorney at Law</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u>500</u>
Mailing Address <u>P.O. Box 737</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Canton, MS 39046</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee Michael QuestReporting period Jan 1, 2010 through Dec 31, 2010

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Collection Management, Inc.</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u>400</u>
Mailing Address <u>P.O. Box 2191</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Brandon, MS 39043</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mr. & Mrs. Thomas Hixon</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u>400</u>
Mailing Address <u>149 Woodmont Way</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Ridgeland, MS 39157</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Electric Power Associations of Miss.</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u>400</u>
Mailing Address <u>P.O. Box 3300</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Ridgeland, MS 39158</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Reber Hall & Lucy Hall</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u>1000</u>
Mailing Address <u>303 Long Cove Drive</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Madison, MS 39110</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee Michael ReedReporting period Jan 1, 2010 through Dec 31, 2010

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Sec M. Holloway, Attorney at Law PA</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u>500</u>
Mailing Address <u>P.O. Box 22683</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39225</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Blackmon & Blackmon, PLLC</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u>1000</u>
Mailing Address <u>P.O. Box 105</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Canton, MS 39046</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Warwick & Warwick, LLC</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u>450</u>
Mailing Address <u>P.O. Box 1623</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Canton, MS 39046</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mike Ward, Attorney</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u>250</u>
Mailing Address <u>120 Center Street</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Canton, MS 39046</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee

Michael LovestPage 9 of 9Reporting period Jan 1, 2010 through Dec 31, 2010

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Cynthia A. Stewart, Attorney, PA</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u>500</u>
Mailing Address <u>2088 Main Street, Ste. A</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Madison, MS 39110</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Richard Rehfeldt, PA</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u>300</u>
Mailing Address <u>460 Briarwood Pkwy, Suite 500</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Jackson, MS 39206</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$